Department of Empowerment of Persons with Disabilities,
Ministry of Social Justice and Empowerment, Government of India

Disability Certificate

Seth V.c. Gandhi And M.a. Vora Municipal General Hospital (rajawadi Hospital)
Mumbai Suburban, Maharashtra

Certificate No.: MH2220620010234588 **Date: 11/12/2023**

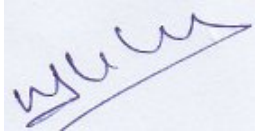
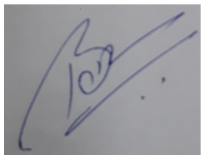
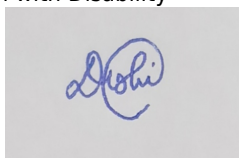
This is to certify that I/we have carefully examined Shri **Ramjan Haider Ali Shaikh**, Son of Shri **Haider Ali Shaikh**, Date of Birth **13/02/2001**, Age **22**, M, Registration No. **2722/00000/1906/1788078**, resident of House No. **Near Ram Janki Mandir, 175 Ekta Society Tar Gali No 1 Jarimari K.a. Road Kurla West** - **400072**, Sub District **Kurla**, District **Mumbai Suburban**, State / UT **Maharashtra**, whose photograph is affixed above, and I am/we are satisfied that:

(A) He is a case of **Locomotor Disability**
(B) The diagnosis in his case is **POST POLIO RESIDUAL PARALYSIS**
(C) He has **75%**(in figure) **Seventy Five** percent(in words) Permanent Disability in relation to his RIGHT LOWER LIMB as per the guidelines (Guidelines for the purpose of assessing the extent of specified disability in a person included under RPwD Act, 2016 notified by Government of India vide S.O. 76(E) dated 04/01/2018).

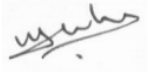
The applicant has submitted the following document(s) as proof of residence:

Nature of Document(s): Aadhaar card

Signature / Thumb Impression of the Person with Disability

Signatory of notified Medical Authority Member(s)



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